NASDDDS

National Association of State Directors of Developmental Disabilities Services

The Board of Directors of the National Association of State Directors of Developmental Disabilities Services (NASDDDS) believes that the time has come to affirmatively reject the use of interventions that cause pain and harm for the purpose of modifying behavior and to promote the use of practices that build on each person's strengths, respects their rights and honors their preferences, supports relationships and enables each person to learn and grow.

NASDDDS is pleased to announce that we have developed our first Position statement on the use of **Positive Behavior Supports and rejects the use of Aversive interventions** which was approved by the NASDDDS Board of Directors on June 15, 2015. (The press release and position statement are attached to this email).

The position statement was developed by an ad hoc committee that consisted of state directors, state psychologists and others who worked to define what we mean by Positive Behavior Supports and Aversive Interventions. NASDDDS then surveyed all states to determine if they had rules, policies or practices that governed aversive interventions.

The NASDDDS mission is to assist member state agencies in building person-centered systems of services and supports for people with intellectual and developmental disabilities and their families and one of NASDDDS most important guiding principles is that people with developmental disabilities have a right to be treated with respect and dignity.

We hope this information is helpful to you!

Laura Nuss President

NASDDDS Board of Directors

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John Martin

Chair

NASDDDS Research Committee



National Association of State Directors of Developmental Disabilities Services

NASDDDS Press Release

FOR IMMEDIATE RELEASE

NASDDDS Adopts Position Statement Opposing Aversive Interventions and Promoting Positive Behavior Support

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Alexandria, **VA**. **July 14**, **2015--** The National Association of State Directors of Developmental Disabilities Services (NASDDDS) believes that the time has come to affirmatively reject the use of interventions that cause pain and harm for the purpose of modifying behavior and to promote the use of practices that build on each person's strengths, respects their rights and honors their preferences, supports relationships and enables each person to learn and grow.

At the June 9th 2015, board meeting, the board of directors of NASDDDs adopted a position statement on Behavioral Support which rejects the use of aversive interventions (those intended to inflict pain, discomfort and/or social humiliation in order to reduce behavior) and promote the use of Positive Behavioral Support (PBS) practices that are founded on the assumption that all behavior is a form of communication and that behavior serves a purpose for the person.

The history of services for people with intellectual and developmental disabilities includes the use of interventions designed to control and coerce individuals to stop an undesired behavior, adopt a new behavior and to comply with directions. These interventions have included actions that restrict movement, violate individual rights and sometimes cause psychological and physical pain.

The field of developmental disabilities has evolved to fully embrace the right of each person to live a full and active life in their community with a social network of family and friends. Person-centered approaches that are based on listening to what is important to a person is the foundation for planning and developing support services that enable everyone to live and participate in the life of their communities.

Practices adopted to serve individuals with challenging behaviors have been evolving from ones that control and sometimes punish individuals to interventions that are based on knowledge about the cause of the behavior, are designed to reduce any cause of the behavior, and to help the person to develop alternative responses. The use of aversive practices that cause pain for the purpose of controlling behavior have generally been abandoned by state developmental disabilities agencies.

NASDDDS Position on the Use of Aversive Interventions

Aversive interventions should be prohibited from use with persons who have an intellectual or developmental disability.

Aversive interventions are those intended to inflict pain, discomfort and/or social humiliation in order to reduce behavior. Examples of aversive interventions include, but are not limited to, electric skin shock, liquid spray to one's face and strong, non-preferred tastes applied in the mouth.

The use of aversive interventions is marked by inequity in power between the person delivering action and the recipient. Aversive interventions do not address the cause of the problematic behavior, do not promote social networks or participation in the community, and may cause trauma through the application of pain or fear.

Increasingly, the use of aversive interventions has been replaced by the application of behavioral support within a framework of moral and ethical values that focus on:

- Improving quality of life,
- Ensuring individuals have the opportunity to be self-determined,
- Recognizing behavior as a form of communication,
- Implementing interventions that emphasize the development and use of positive skills for greater independence, and,
- Making modifications to the context in which problem behavior occurs.

NASDDDS Position on the Use of Positive Behavior Support

Positive Behavior Support (PBS) is recommended as the most appropriate approach for state service system use in supporting people with I/DD to address problem behavior.

PBS is a set of research-based strategies used to increase quality of life and decrease problem behavior by teaching new skills and making changes in a person's

environment. When implemented appropriately, it can make problem behavior irrelevant, inefficient and ineffective by helping the person to achieve her/his goals in a socially acceptable manner.

Positive Behavioral Support is founded on the assumption that all behavior is a form of communication and that behavior serves a purpose for the person. Behavior may indicate that the person is seeking to either gain or avoid something in their environment, is experiencing pain, and may be an indication of post-traumatic stress or a medical or other psychiatric condition.

PBS is a person-centered approach that begins with a vision to help an individual achieve a preferred lifestyle that includes maintaining a social network and being involved in their community.

The NASDDDS full position statement on *Behavior Support* can be downloaded as a PDF file from: http://www.nasddds.org/about-nasddds/nas/.

About the National Association of State Directors of Developmental Disabilities Services (NASDDDS)

The National Association of States Directors of Developmental Disabilities Services (NASDDDS) represents the nation's agencies in 50 states and the District of Columbia providing services to children and adults with intellectual and developmental disabilities and their families. NASDDDS promotes visionary leadership, systems innovation, and the development of national policies that support home and community-based services for individuals with disabilities and their families.

The association's goal is to promote and assist state agencies in developing effective, efficient service delivery systems that furnish high-quality supports to people with intellectual and developmental disabilities.

In pursuit of this goal, NASDDDS strives to provide member state agencies with timely analyses of federal statutory and regulatory policies that affect people with disabilities; disseminate cutting edge information on state-of-the-art programs and service delivery practices; provide technical assistance and support to member states; and offer a forum for the development of state and national policy initiatives.

State service systems should be based on the principle that people with developmental disabilities have a right to:

- be treated with respect and dignity;
- be independent and make individual choices;
- participate in family, community, and work life;
- have opportunities to maximize their full potential; and
- receive outcome-based services and supports.